King/Drew Medical Center Workplan Implementation
"Yellow" and "Red" Recommendations ("Urgent" and "Short-term" recommendations only)

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

Update Through: 4/1/05

Initiative	Rec Identifier	Time Frame Description	Recommendation Description	Status	Remediation Plan (if status is red/yellow or if action step is not completed)	Comments
Space Planning	S02-I09-R002	Urgent	Identify critical space requirements and implement remediation plan for areas such as outpatient pharmacy.	-	Currently evaluating all vacant space to determine potential uses of space that can solve our critical space issues (pharmacy, OR, ER, and psych) in an effort to reduce construction time/costs.The ER has been removed from the critical needs list since there have been no CMS or JCAHO citations relative to plant that cannot be adressed by process. OSHPD plans approved, last fall, to redesign the PES triage area will be evaluated to determine if that can be fast tracked. Alternate space/set up for cashiers has been identified in the women's center that will provide additional contiguous pharmacy space at little cost. The architect presented two options for OR renovation. One is lower cost but does not include many of the patient flow and clean corridor needs. We are working with DPW to present the materials to the BOS for approval to move forward. Expect final decisions in June 2005.	Final plans for OR renovation are in process. Plans and initial costs for psychiatry have been completed to the extent that all patient safety requirements have been identified by room for the entire 2nd floor. Evaluation of the pharmacy out patient area is in process. We are looking at another alternative to provide an additional 1200 sq. feet with minimal costs but thismay may have some workflow implications. Continued refinement of OR and psychiatric renovations to keep costs as low as possible yet yield patient flow and safety improvements.
Pharmacy	S10-I03-R008	Urgent	Build and install GE PIS.		Awaiting DHS decision and implementation schedule. Continued discussion of short term strategies at the KDMC IT Group.	No formal decision has been made. Discussion on 3/29 with RXIS project manager: MLK pharmacy workflow to commence.
Governance	S02-I01-R010	Urgent	Management must be charged with the clear responsibility to identify problems and to develop and implement plans to resolve deficiencies in a timely manner, with regular reports to the KDMC Advisory Board with respect to progress.	Yellow		Will be completed as soon is Board is fully constituted and begins meeting. The first HAB meeting is scheduled for 4/11/05.
Risk Management	S02-I03-R012	Urgent	Review policies regarding patient related information and ensure compliance.	Yellow	Plan ensuring compliance by 3/31/05.	Policies reviewed, in process of developing plan to ensure compliance

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Regulatory	S02-I04-R006	Urgent	Educate Medical Staff on their responsibilities related to regulatory compliance.	Yellow	Successful completion of this recommendation will require further collaboration with the KDMC Medical Director and other medical staff liaisons. A meeting is being scheduled for the week of 3/28/05. Medical staff responsibilities related to regulatory compliance will be defined, as will a specific plan for communicating expectations and measuring compliance.	Collaborating with the KDMC Medical Director, to develop a multi-faceted process for communicating medical staff regulatory responsibilities and tracking related compliance. Issues from the regulatory action plan that involve medical staff participation and performance have been identified, but need to be reviewed with the Medical Director to ensure that a comprehensive listing of medical staff regulatory responsibilities is compiled. Defining a variety of strategies to communicate issues and medical staff responsibilities (i.e., newsletters, discussions at monthly meetings, etc.) and defined measures of compliance and a detailed plan will be developed and implemented.
Regulatory	S02-I04-R009	Urgent	Coach medical staff division chiefs.	Yellow	The Peer Review policy and process, including plans for orienting medical staff division chiefs, is being developed by KDMC Medical Administration and Performance and Quality Improvement personnel.	Review and revision of the peer review policy and process is under way, but has not yet been completed. As of 3/30/05, the process has not yet been completed.
Regulatory	S02-I04-R016	Urgent	Utilize PI Analysts to educate management staff on root cause analysis and strategies to perform objective, critical assessments of organizational performance.	Yellow	The policy for reporting of sentinel events was finalized and presented to KDMC management. A route cause analysis process was defined , consistent with DHS, the policy and procedure is under development.	A meeting with Risk Management was scheduled for 3/15/05, but was cancelled. While the root cause analysis process is in place and management staff have been educated, further review of the "Sentinel Event" policy and clarification regarding standards for initiation of and responsibility for root cause analysis are needed.
Performance and Quality Improvement	S02-I05-R001	Urgent	Develop a quality oversight committee of the Board.	Yellow	At the discretion of yet to be formed Hospital Advisory Board (HAB).	
Performance and Quality Improvement	S02-I05-R002	Urgent	At a minimum, revise IOP Committee membership to a 15 member group that assesses departmental PI reports.	Yellow	Pending approval of amended bylaws by PSA, DHS, HAB.	
Performance and Quality Improvement	S02-I05-R047	Urgent	Review departmental staffing to provide for a data analyst position within the existing staffing complement.	Yellow	Re-evaluating need for position pending QM/RM restructure.	

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Productivity	S02-I08-R003	Urgent	Determine each cost center's UOS as a productivity measure. The UOS selection is to be made and agreed upon by C-level management and department directors. Identify source and process to collect each of the statistics.	Yellow	UOS and source has been determined for all Affinity based data. ORSOS source data has been finalized.	UOS and source has been determined for all Affinity based data. ORSOS source data has been finalized. Next step is to extract data from the systems.
Environment of Care	S02-I10-R003	Urgent	Redesign and implement an effective patient safety committee	Yellow	The Safety Committee will be integrated with Patient Safety Committee.The new ontegrated committee has not yet met.	There are two committees (Patient Safety committee and Safety Committee) with overlapped charges.
Facilities Management	S02-I11-R002	Urgent	Develop an annual plan for in-service education for nurses and others regarding monitoring equipment. Involve Medical Equipment manager with all ME contract activities to assure a consistent program/compliance.	Yellow	Roger Woods will provide Kathy White/CNO the training proposal and follow up for approval and revision to the proposal and implementation plan as appropriate.	
Materials Management	S02-I12-R002	Urgent	Fill vacant positions as appropriate.	Yellow	Continued recruitment efforts with Human Resources.	Status: 5 valid hire lists received 3/16/05.
Capacity and Throughput	S03-I02-R014	Urgent	Establish a policy which clearly defines who is in control of beds.	Yellow	Currently revising the roles and responsibilities of staff involved in the bed placement, specifically relative to the responsibility for weekends and nights.	
Capacity and Throughput	S03-I02-R022	Urgent	Create a multifaceted approach to eliminate discharge delays.	Yellow	Currently identifying the primary reasons for late discharges to identify a specific plan of correction targeted at those causes. Expecting to complete the recommendation by April 30.	
Capacity and Throughput	S03-I02-R026	Urgent	Develop and implement a communication system which notifies EVS of bed cleaning needs both anticipated and actual.	Yellow	Several vacancies in environmental services have prevent optimal staffing. A plan has been developed to recruit staff and flex schedules to facilitate optimal coverage during peak periods.	Identification and prioritization of discharges and bed cleaning needs accomplished at bed rounds and in subsequent call between admitting and EVS at 2:30pm each day. Tracking bed turnaround time to better manage the process. Creation of the departure notification process is dependent upon the functionality in Affinity. Working with IT to see the feasibility.
Capacity and Throughput	S03-I02-R029	Urgent	Develop and implement an accountability system within EVS department and with nursing areas.	Yellow	Work with Nursing Directors to identify a means of communication. To be completed by 4/15/05.	
Perioperative Services	S03-I04-R042	Urgent	Process instrument sets promptly and do not store contaminated items in hallway.	Yellow	Turnover has been postponed till April 10, 2005.	

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Information Technology	S07-I05-R002	Urgent	Ensure proper resources are available to carry out a more rapid implementation.	Yellow	Continue to work with HR and the IT Classification Unit to ensure resources are available to implement projects. One candidate has accepted an offer; IT and HR are working to get this new hire on board as soon as possible. Other eligible candidates have not accepted offers. The IT work group approved the hiring of temporary and contract positions as a short term solution hire IT staff until available County staff can be hired. We will use the QuadraMed contract to hire two additional Query writers for the Affinity system and one for the Customer Support section.	Eleven names were submitted to DHS-HR recommending class changes Network Administration and Technical Support series for the DHR IT classification change. The remaining class in IT series will be submitted as those classes are approved by DHR. Additional item and level will be submitted for next reporting period.
Information Technology	S07-I07-R002	Urgent	Continue immediate upgrade to ANSOS.	Yellow	PO for central purchase is complete. Waiting for delivery of h/w to Harbor/UCLA. The conversion of ANSOS data to OneStaff will begin upon completion of the hardware installation and setup. There will be three to four weeks training of staff before the implementation. No final date announced.	The hardware for the ANSOS conversion to OneStaff has been delivered to Harbor/UCLA. The new target date for all facilities to convert at the same time is July 2005.
Information Technology	S07-I07-R004	Urgent	Re-implement, properly staff, and train users regarding the ORSOS surgery scheduling system.	Yellow	IS, DHS staff and OR staff met on 2/2/05 to discuss the functionality of the current version of ORSOS. A follow up meeting was scheduled with DHS on the status of ORSOS version 10.x. The implementation of ORSOS 10.x is pending DHS approval and implementation schedule.	
Health Information Management	S08-I06-R022	Urgent	Remodel Decedent Affairs area using adjacent two offices that are not frequently used. Establish a waiting area for visitors to the area with a service window and install a security code lock for the Decedent Affairs department door.	Yellow	Further identification of of alternative solutions is in process.	Met with AFH administration who would not allow the use of their men's locker room exclusively for hospital police Hospital police will only release their room, for deceased patients relatives, if they have exclusive use of the AFH locker room.
Health Information Management	S08-I06-R031	Urgent	Develop process to file lab and radiology reports on the inpatient records while patient is in-house.	Yellow		Nursing did not recommend that the unit clerks take on this process at this time due to higher priority patient care issues.
Health Information Management	S08-I06-R035	Urgent	Implement solutions to the patient privacy issues in main file room.	Yellow		We are waiting for a date from plant management to began the project.
Health Information Management	S08-I06-R051	Urgent	Assign duties and responsibilities to the unit clerks to assist with record completion and filing on the nursing units.	Yellow	Presently HIM is filing transcriptions and Radiology.	We met with nursing administration who are not staffed with the number of unit clerks necessary to accommodate this task.
Radiology	S10-I01-R003	Urgent	Identify a solution to improve transportation issues.	Yellow	Analysis of transportation issues and solutions in process.	More time is needed to determine optimal transportation model.
Radiology	S10-I01-R006	Urgent	Work with current transcription vendor to identify and improve problems in the process.	Yellow	Woking with the vendor to resolve issues and to determine why software upgrade did not occur on announced date of 03/31/05.	

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Laboratory/Pathology	S10-I02-R015	Urgent	Conduct a study to review pending lab orders purged from computer w/o manual intervention or supervisory review.	Yellow	Data has been obtained from the lab computer system and is currently being analyzed.	
Laboratory/Pathology	S10-I02-R039	Urgent	Clarify patient identification (AKA) policies; continue efforts with IOP/Blood Usage Committee.	Yellow	Policy has been drafted (by patient registration department). A fax line has been ordered for the lab to support the revised policy.	
Pharmacy	S10-I03-R001	Urgent	Devote DOP full-time to KDMC Pharmacy Services.	Yellow		A. Gutierrez is currently assigned full time to KDMC while participating in minor DHS activities. The outsourcing scope of work has been drafted for DHS review.
Pharmacy	S10-I03-R010	Urgent	Revise MAR.	Yellow	Nursing/Pharmacy Practice Committee meeting discussed issues. IS and ISD participating on resolution. Expected date of implementation: 4/30/05.	MAR revision in process. Working with Nursing and IS to finalize new process.
Pharmacy	S10-I03-R014	Urgent	Improve storage of medications in the ED.	Yellow	Nursing and Pharmacy are in process of revising ER medication storage. Requires redesign of ER medication storage areas.	Pharmacy technicians now have access to all medication storage rooms (effective 2/21/05), and are delivering medications directly to medication rooms.
Pharmacy	S10-I03-R026	Urgent	Revise policies and procedures to reflect current industry competency standards.	Yellow	Policy review in process. Awaiting HR approval of PI plans as these are part of the P&P. Anticipate revision complete by 4/15/05	
Pharmacy	S10-I03-R030	Urgent	Evaluate alternatives for improving quality, patient safety and service delivery, including outsourcing.	Yellow	Pending consensus on the outsourcing scope.	
Environment of Care	S02-I10-R013	Short-term	Design and implement an infant abduction system.		Determined to not be essential by the Facilities/Equipment workgroup comprised of County based on the fact that none of the other hospitals have an infant abduction system and there is no specific JCAHO or CMS regulation requiring one.	
Materials Management	S02-I12-R011	Short-term	Increase communication with physicians, with support from hospital leadership, to increase standardization of clinical product selection.		Discussion/meeting between CFO and COO is scheduled for 4/11/05 to seek ways to enhance VAF function and collaboration between VAF and Materials Management. CFO and COO will also discuss optimal form of standardization subgroups.	Recm 11, 12, 13: COO McAuley and Sylvia Trejo discussed to set up a workgroup; S. Trejo is developing a schedule of what are the different items to be reviewed.
Laboratory/Pathology	S10-I02-R011	Short-term	Evaluate the operational logistics in place for the physician review and attestation of completed laboratory reports. Consider printing reports remotely to the requesting physician and/or the electronic attestation of reports with specific monitoring tools in place		Affinity does not support electronic process to attest lab reports on line. Currently considering a manual process, while continuing to work with IT to evaluate the capabilities of 'chart management' in Affinity. Initiating remote printing on a limited basis to support the ED (implementation planning is currently underway with end of April as a target).	

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Performance and Quality Improvement	S02-I05-R003	Short-term	Develop and educate IOP Committee members on their responsibilities and charge.	Yellow	Identify date to put issue on HAB agenda.	Accountabilities and responsibilities of IOP Committee Members will be determined by plan for QOC at Advisory Board level; anticipated date to Advisory Board is 7/2005.
Productivity	S02-I08-R001	Short-term	Establish a process in which the LCD for KDMC is retrieved by 22nd calendar day of the following month.	Yellow	Division chiefs and senior managers are being asked to complete the verification on the employees' home cost center assignment for FY 04-05. Once all verifications are submitted to Finance, we will determine when FY04/05 LCD will be updated.	
Productivity	S02-I08-R004	Short-term	Conduct introductory sessions for the department directors and managers to assimilate them with the concept. Communicate purpose of productivity management and benefit of utilizing the tool not as a punitive tool but as a constructive tool to help managers react/plan effective staffing.	Yellow	Time frame may need to be changed. Finance and Navigant will present proposal on the time frame modification to KDMC CEO. Meeting being schedule to discuss plan and timeframe.	Time frame may need to be changed. Finance and Navigant will present proposal on the time frame modification to KDMC CEO.
Space Planning	S02-I09-R001	Short-term	Develop a comprehensive summary of facilities needs and issues (by department) and prioritize them.	Yellow	Identified the need to complete a physical space inventory. Using floor plans for all buildings needed to identify occupants and vacancies. Have received and continue to receive individual space requests.	Space needs for selected depts has been identified. A physical inventory of all space, floor plans with occupants and vacancies has been completed with color codied schematics to assist in planning and enable the identification of areas that are available for use during construction phases. Any changes in space frozen at hospital for 30-60 days until transition/construction plans and timeline can be synchronized.
Materials Management	S02-I12-R001	Short-term	Implement electronic requisitioning process.	Yellow	KDMC has been given 'green light' to go ahead. We started assessment on necessary hard/software, targeting implementation by end of FY04/05.	Implementation is a 7 month process after start date.
Case Management and Utilization	S03-I01-R004	Short-term	Reassign the new Care Managers to units with a ratio of no more than 1 to 20.	Yellow	Recent terminations of three nurses and other staffing issues, make this ratio impossible. We are in process of recruitment of new staff, which is slow. Reasonably, with training necessary after hire, this will not be accomplished until at least June or possibly later.	
Case Management and Utilization	S03-I01-R006	Short-term	Realign the Patient Flow Nurse with the new Case Management Department	Yellow	Efforts to resolve this issue in process.	Currently this move is under discussion.

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Case Management and Utilization	S03-I01-R009	Short-term	Reassess the role of the Community Workers who are currently working outside their job description.	Yellow		No movement forward on this yet. Administration needs to remove the complaints and information desk from responsibilities of CW before this can move forward.
Clinical Programs and Medical Departments	S04-I01-R012	Short-term	Identify strong candidates for these two AMD roles and fill. Current AMD should fill AMD Medical Staff Affairs role.	Yellow	Have identified 2 candidates and currently in interview process.	
Nursing Services	S05-I08-R006	Short-term	Revise MAR documentation tool.	Yellow	Working IT to expediate installation of hardware/software.	Installation of necessary hardware/software may be delayed due to KDMC's standing in terms of the enterprise application upgrade.
Psychiatric Services	S06-I05-R007	Short-term	Close nursing office in psychiatry area. Supervisory coverage will be provided by the psychiatric nursing management and house supervisors from the nursing department at King.	Yellow	Further discussions regarding options for completing this task will be held with the Interim CNO, and resource and training issues will be resolved.	Following discussions with the KDMC Interim CNO and other nursing leaders, it may be possible to complete this recommendation. However, resources continue to remain an issue, and psych staff needs to be educated.
Psychiatric Services	S06-I07-R003	Short-term	Establish an environment for patient privacy at triage.	Yellow	Follow-up with COO regarding funding for the area renovation.	
Psychiatric Services	S06-I07-R008	Short-term	Maintain a separate holding area for minors and transfer when a bed opens up at an appropriate facility. May use beds in Pediatrics to hold minors with psychiatric coverage and 1:1 provided by Psychiatric services.	Yellow	Meeting with Psychiatric and Pediatric physicians and nursing leadership to define strategies to resolve this issue. Establishing a relationship with Kedren CEO to make more pediatric beds available for transfer. Meet with local police to define appropriate criteria for PES admission and identify other potential options.	Discussion of options initiated with Chair and Chief of Psychiatry and Interim CNO. Clarified procedures for social work involvement to expedite transfers to other facilities.
Information Technology	S07-I04-R003	Short-term	Change sequencing of enterprise level implementations to address KDMC critical needs or run concurrent implementations and resource appropriately.	Yellow	The Enterprise Pharmacy System contract is under review and contract negotiation are still on-going. There is no scheduled implementation date.	
Information Technology	S07-I09-R001	Short-term	Revise the planned timeframes to acquire needed information systems quicker.	Yellow	Meeting was held with DHS CIO office to discuss Enterprise project and scheduled implementation. No consensus was reached on the Pharmacy system implementation schedule. Contract for pharmacy system is still pending before further discuss can be scheduled on a implementation plan.	The IT work group will discuss this item at their next work group meeting. Also, look at stratiegies to meet functionality requirements if the new GE PIS is not available for JCAHO recertification.
Health Information Management	S08-I06-R002	Short-term	Provide coder education related to deficiencies identified during coding assessment and 2005 ICD-9 and CPT-4 regulatory changes.	Yellow	Will delay this recommendation and request funding in the new budget process.	Additional money is required to bring in an outside DRG consultant that is not part of the original KDMC contract.
Health Information Management	S08-I06-R030	Short-term	Relocate discharge processing functions to subsequently available space (Central Discharge Unit).	Yellow	Pending plant operations construction schedule and purchase of furniture for area.	

File: KDMC Workplan Summary 4-11-05 FINAL DH2.xls, Tab: YELLOW&RED Recommendations

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Health Information Management	S08-I06-R032	Short-term	Eliminate clinic shadow chart system.	Yellow	Efforts continue with an elogated timeline.	Based on the length of time that it will take to put the back up processes in place, this is an aggressive schedule.
Health Information Management	S08-I06-R041	Short-term	Eliminate use of shadow charts.	Yellow	Remaining clinics will be phased in over the next 6 to 9 months.	The shadow charts located in the General Surgery clinic have been eliminated. The record availability for this clinic is almost 100% consistently.
Health Information Management	S08-I06-R045	Short-term	Review salary requirements for CTR professional.	Yellow	HR and the county have been working on this issue but a final resolution has not occurred.	County salary scale is low and has not provided any applicants.
Health Information Management	S08-I06-R046	Short-term	Recruit certified/registered Tumor Registrar to meet ACS standard.	Yellow	The county has been working on this issue but a final discussion is not yet made.	Pending assistance by Susan Stern. County salary scale is too low and has not provided any applicants.
Human Resources	S09-I07-R002	Short-term	The HR Department should evaluate end user's (managers) needs to insure that this system provides the necessary information tools to enable managers to manage their human resources in a shared services environment.	Yellow	Due to complexity of existing systems and practices, it is unclear whether the system will be implemented within the next 6 months. Further analysis is being conducted to determine the timeline.	
Human Resources	S09-I12-R001	Short-term	Identify and review select employee groups (based on vacancy rates) to evaluate compositeness.	Yellow	Select employee groups will be chosen and reviewed based on vacancy rates and difficulties with recruitment.	
Human Resources	S09-I14-R001	Short-term	Develop an RFP for a fully automated payroll system which, in its design and functionalities, will achieve both payroll and HR objectives for the organization. This process has started in DHS and should continue into year 2005 to establish a timetable for a buy decision and implementation schedule for both a payroll and HRIS package.	Yellow		Due to the complexity of the existing practices and the overall county needs, at this time it is unclear whether the system will be implemented within next 6 months.
Radiology	S10-I01-R021	Short-term	Adjust staffing to match testing demand and supply (testing and reading capacity) by time of day and day of week. Supply must factor in time for equipment maintenance, repair, and updating.	Yellow	In progress.	Currently working to determine appropriate organizational configuration.
Laboratory/Pathology	S10-I02-R008	Short-term	Activate IT functionality to support manifests and bar-code labels when ordering lab requests.	Yellow	Finalized testing and installation of bar-code label printers using Affinity in the phlebotomy area. Completed remote printing evaluation to support the ED, following implementation.	Additional hardware was ordered and expected to arrive by April 17, 2005.
Laboratory/Pathology	S10-I02-R018	Short-term	Initiate phlebotomy services for psychiatry.	Yellow	New phlebotomy staff has been hired (3/30). Service implementation plan currently underway. Planned go-live May 1.	
Laboratory/Pathology	S10-I02-R037	Short-term	Conduct a formal evaluation of STAT test request logistics and processes with a target 50% reduction in turn around time	Yellow	Pneumatic system requires $400 - $1.4 million to repair. Currently considering manual alternatives.	

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Laboratory/Pathology	S10-I02-R055	Short-term	Re-arrange the physical layout and adjust the work flow of the pathology transcription and administrative areas; separate administration from transcription operations	Yellow	Initiative is still planned, but behind schedule and will be implemented by May 2005.	